

**AIRPORT OWNER INFORMATION**

Airport Name	Airport Owner
Airport Location	Mailing Address
Name of Owners Representative	Street / P.O. Box
Title	City, State, Zip Code
Phone / Fax / E-Mail	Phone / Fax / E-Mail

**Current Airport Statistics.** Please provide the following information about your airport. (Note: An "operation" is defined as either a landing or a takeoff.)

Estimated Number of Annual Aircraft Operations:	
Date of Airport Master Plan / Do you have a copy?	/
Date of Airport Layout Plan / Do you have a copy?	/
Date of Zoning Ordinance / Do you have a copy?	/
Runway Length / Width:	long / wide
Number of Based Aircraft:	
Annual Gallons of Fuel Pumped - Avgas / Jet A:	/
Does the Airport Owner have Title to the airport land?	

**Local Mill Levy Financing Used for Airport Support.** (Authorized by IC 21-403 through 21-406).

	Yes	No	
County Mill:	[ ]	[ ]	% of Two Mills: _____ Amount Derived: _____
City Mill:	[ ]	[ ]	% of Three Mills: _____ Amount Derived: _____
Other Sources:	[ ]	[ ]	Specify: _____

**Project to Be Supervised By:**

Printed Name::	
Printed Title	
Mailing Address:	

**THE SIGNATURE BELOW CERTIFIES THAT THE AIRPORT OWNER HAS THE MATCHING FUNDS AVAILABLE FOR THE STATE FISCAL YEAR 2010 (SFY-10) REQUESTED PROJECT(S).**

Signature of Owner's Representative	
Date:	

**AIRPORT NAME** \_\_\_\_\_

**FUNDING REQUEST FOR SFY-10 (JULY 2009-JUNE 2010) AIRPORT DEVELOPMENT PROJECTS**[illegible]

AIRPORT NAME \_\_\_\_\_

No.	Work Element Description	Start Date (mo/yr)	End Date (mo/yr)	State Funds (a)	Local Cash (b)	Local In-Kind (c)	Total Cost (a+b+c)
<b>PROPOSED SFY-11 (JULY 2010-JUNE 2011) AIRPORT PROJECTS</b>							
<b>PROPOSED SFY-12 (JULY 2011-JUNE 2012) AIRPORT PROJECTS</b>							
<b>PROPOSED SFY-13 (JULY 2012-JUNE 2013) AIRPORT PROJECTS</b>							
<b>PROPOSED SFY-14 (JULY 2013-JUNE 2014) AIRPORT PROJECTS</b>							

**FORCE ACCOUNT (IN-KIND) ESTIMATION FORM (PAGE 1 OF 2)**

<b>Airport:</b>	<b>Funding Year</b> <b>SFY-</b> _____		
<b>Owner:</b>	<b>Work Item Number</b>		
<b>Work Item Description:</b>			
<b>1. Work To Be Performed By:</b>			
<b>2. Labor</b>			
Item Description	Hours	Rate	Amount
2a. Labor Sub-Total:			
<b>3. Equipment</b>			
Item Description	Hours	Rate	Amount
3a. Equipment Sub-Total:			
<b>4. Materials and Supplies</b>			
Item Description	Quantity	Unit Cost	Amount
4a. Materials and Supplies Sub-Total:			
5. The value of the force account (in-kind) work shall not exceed the amount of the Sponsor/Owner's designated match for this project. <b>Grand Total (sum of 2a, 3a, and 4a):</b>			

**FORCE ACCOUNT (IN-KIND) ESTIMATION FORM (PAGE 2 OF 2)**

**6. Describe the methodology by which the items and values listed in 2, 3, and 4 were determined. Provide as much detail as possible.**

**7. List your reasons why it is "in the public interest" to provide the items in 2 through 4 by Force Account Procedures and the work quality and cost justification.**

<b>Requested By:</b>	<b>Approved By</b>
<b>Printed Name:</b>	<b>Printed Name:</b>
<b>Printed Title:</b>	<b>Printed Title:</b>
<b>Address and Phone No:</b>	<b>Address and Phone No:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>